

CDC in Uzbekistan



The Centers for Disease Control and Prevention (CDC) has a long history of collaboration with the Ministry of Health (MOH) in Uzbekistan to better recognize and respond to public health threats. In 2003, CDC established its office in Uzbekistan to assist in modernizing national infectious disease surveillance systems, improving the country capacity in performing sound health policy analysis, and identifying updated control measures for important infectious diseases.



Staff

CDC office (physical presence)

No U.S. Assignees

5 Locally Employed



At a Glance

Population: 29,779,600
Per capita income: \$2,910
Life expectancy at birth
women/men: 73/75 yrs
Infant mortality rate
(estimated by WHO):
44/1000 live births

Source: Reference Bureau World Population Data Sheet, 2011



Top 10 Causes of Death

1. Ischemic Heart Disease 32%
2. Stroke 15%
3. Cancer 8%
4. Lower Respiratory Infections 8%
5. Cirrhosis 5%
6. Neonatal Encephalitis 3%
7. Road Injuries 3%
8. Diabetes 2%
9. Chronic Obstructive Pulmonary Disease 2%
10. Tuberculosis 2%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

Global HIV/AIDS

The CDC office in Uzbekistan provides support to MOH professionals in strengthening their HIV prevention, and care and treatment programs as well as their health systems capacity. The CDC office provides technical assistance in strengthening public health systems in the country by focusing on the provision of strategic information, injection safety, care and treatment services, and prevention for at-risk and vulnerable populations.

Prevention for At-Risk and Vulnerable Populations for HIV/AIDS

- Build capacity of prevention specialists through training and on-the-job mentoring;
- Implement evidence-based pilot programs to test and implement prevention programs;
- Adopt new models of service delivery.

Treatment and Care Services

- Strengthen HIV and opportunistic infection treatment and care services;
- Build capacity of clinicians through training and on-the-job mentoring;
- Develop clinical guidelines for screening for and managing HIV infection;
- Enhance screening for, and diagnosis of HIV infection and HIV/TB co-infection.

Strategic Information

- Increase the availability and use of quality data;
- Increase national capacity in collecting, analyzing and using data to inform prevention, and care and treatment, program planning, implementation, and monitoring and evaluation.

Global Disease Detection

The Global Disease Detection program in Uzbekistan operates regionally out of Almaty, with general guidance and support from CDC/Atlanta. The GDD Regional Center in the Central Asia Region (CAR), based in Almaty, Kazakhstan, is one of ten established around the world to help countries identify and respond to emerging diseases. Within GDD, CDC in Uzbekistan provides technical assistance to the MOH in two program areas: the International Emerging Infections Program (IEIP) and the Field Epidemiology and Laboratory Training Program (FELTP).





International Emerging Infections Program

CDC IEIP staff work with key stakeholders to improve detection, control, and prevention of emerging infectious diseases. Strategies include strengthening epidemiology, surveillance, laboratory capability, training, and evidence-based public health research and practice. The IEIP promotes science within Uzbekistan, assists with meeting the obligations of Uzbekistan to the International Health Regulations, and enhances the health of citizens in multiple potential ways with specific objectives in Uzbekistan:

- Assisting in the detection of organisms of importance to Uzbekistan and other countries;
- Understanding the magnitude of antibiotic resistance among microorganisms and working towards lessening the incidence of resistance by strengthening the capacity of laboratories to detect antibiotic resistance, assisting in improving antibiotic use within healthcare institutions, and understanding consumer use of antibiotics;
- Improving the use of evidence-based medicine (EBM), strengthening scientific capacity of the MOH and its science programs, and improving practice guidelines to improve patient care;
- Strengthening the capacity of public and private sectors to collect, analyze, manage and utilize data for evidence-based public health planning and related policymaking;
- Enhancing the prevention and control of infections acquired in health care settings.

FELTP

The CDC Division of Public Health Systems and Workforce Development (DPHSWD) has been working in Central Asia since 2003 to build workforce capacity and strengthen public health systems. Since 2003 DPHSWD supports the MOH in training public health officers through a two-year FELTP that focuses on applied epidemiology, disease surveillance, outbreak response, and program evaluation. While enrolled, residents continue working in their respective country's health system and are well-positioned to serve as first responders to outbreaks, as well as leaders and mentors for future in-country specialists in field epidemiology.

Impact in Uzbekistan

- An Integrated Biological and Behavioral Survey (IBBS) program has been successfully introduced into surveillance among MARPs and labor migrants.
- A 2012 CDC systematic review found that Uzbekistan scientists published 29.2 publications per year (the highest number among Central Asia countries) in Medline-indexed journals. CDC intends to introduce multiple programs to improve scientific output of Central Asia scientists.
- 68.7% of the Uzbek graduates of FELTP/CAR program work in their respective government's health system.

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For more country information: <http://www.cdc.gov/globalhealth/countries/uzbekistan>

Publication Date: October 2013